CENTRAL FAX CENTER

AŬG. 13. 2007 5:27PM 866 741 0075

AUG 1 3 2007 NO. 0845 P. 2

Effective on 12/08/2004. Fecs pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4118).			Application Number 10/760,359			olete if Known			
FEE TRANSMITTAL						01/21/2004			
FOR FY 2005									
FOR F X 2005			First Named Inventor		Yoshibiro SAEKI et al.				
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name		Nathan W. Ha				
TOTAL AMOUNT OF PAYMENT (\$)1,240.00		Art Unit		2814					
			Attorney Docket No. 030712-2		030712-21	.1			
METHOD OF PAYMENT (check all that apply)									
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):									
☐ Deposit Account Deposit Account Number: Deposit Account Name:									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the fill									ling fee
☐ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments under 37 CFR 1.16 and 1.17									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-20238.									rmation
FEE CALCULATION									
1. BASIC FILING, SEARCH AND EXAMINATION FEES									
FILING FEES SEARCH FEES EXAMINATION FEES									
Application T	vpe Fee (\$)	Small Entity Fee (\$)	<u>Fee (\$)</u>	Small Enti Fee (\$)	ity <u>Fee (</u> S		ll Entity ee (\$)	Fees P	aid (\$)
Utility	300	150	500	250	200		100		
Design	200	100	100	50	130		65 _		
Plant	200	100	300	150	160		80 _		
Reissue	300	150	500	250	600	•	300 _		
Provisional	200	100	0	0	0		0 _		
<u>, </u>									mall Entity
Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50									<u>Fee (\$)</u> 25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200									100
Multiple document claims						360	}	180	
Total Claims Extra Claims F		<u>'ee (\$)</u>	= <u>Fee Paid</u>	<u>1 (5)</u>	Fee (\$)	Fee Paid (\$)			
	HP - highest number of total claims paid for, if greater than 20								
Indep. Claims	Extra Clair		<u>(ee (S)</u>	Fee Pale	<u>4.00</u>				
	HP =	× d for, if greater than	3						
HP =- highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
									e Paid (\$)
-100 = / 50 = (round up to a whole number) x =									
4. OTHER FEE(S)									ees Pald (S)
Non-English Specification, \$130 fee (no small entity discount)									
Other: RCE Fee and Petition for Two Month EOT \$1,240									.00
SUBMITTED BY									
Signature	Der.	<	Registration (Attorney/A		15	Telephone	202 585 8000		
Name (Print/Type)	Donald R. Studebaker		1			Date	August 13, 2007		

SEND TO: Commissioner for Patents P.O. Box 1450